INF	STATE OF NEW MEXICO	OIL CONSERV	OIL CONSERVATION DIVISION		Form C-104 RECENTEDd 10-1-78	
		P. O. DO SANTA FE, NEV	N MEXICO 87501	JUN 24 1983		
	U.S.U.S. LAND DFFICE INANSPONTEN DIL DAS U OFENATON	A	R ALLOWABLE ND PORT OIL AND NATURAL GAS	O. C. D. ARTESIA, OFFICE		
1.	Cperolof Phillips Oil Company					
	Address P. O. Box 128, Loco Hills, New Mexico 88255					
	Reason(s) for filing (Check proper box) Other (Please explain)					
	New Well Recompletion Change in Ownership	Change in Transporter of: Otl Dry Ga Casinghead Gas Conde		Name		
	If change of ownership give name G and address of previous owner	eneral American Oil Co.	of Texas, P. O. Box 128,	Loco Hills, NM	88255	
11.	DESCRIPTION OF WELL AND	Well No.   Pool Name, Including			Lecae No.	
	Location C 660		son (San Andres) Stote, Federal	<u> </u>	028784-A	
	Unit Letter::	Feet From TheLin 17-S	ne and Feet From 1	Beddy		
	Line of Section T.	mship Range	29-Е , ммрм,	Eddy	County	
ΓΙ.	DESIGNATION OF TRANSPORT	y — Pipeline Division	S Address (Give address to which approved copy of this form is to be sent) P. O. Box 159 Artesia, New Mexico 88210 Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casinghead Gas X or Dry Gas Phillips Petroleum Company		Phillips Building Odessa, Texas 79762			
	If well produces oil or liquids, give location of tarks. K 24 17S 29E Yes March 22, 1971					
	If this production is commingled wit COMPLETION DATA	th that from any other lease or pool,	give commingling order number:	Plug Back Same Res'	v. <sup>1</sup> Diff, Resiv.	
	Designate Type of Completio	on - (X)			1 1 1	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
-	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation		Top Oll/Gas Pay	Tubing Depth		
i	Perforations Depth Casing Shop					
	HOLE SIZE	TUBING, CASING, AND CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEM	ENT	
				<u></u>		
		1				
٢.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)					
	Date First New Oll Run To Tonks	Date of Test	Producing Method (Flow, pump, gas lif	awa		
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size	γγ	
	Actual Prod. During Test	011-ВЫ.	h'aist-Bbls.	Gas-MCF V Con	Jan	
T	GAS WELL Actual Frod, Test-MCF/D Length of Test		Bbls. Condensate/MMCF	Gravity of Condensate	<u>}</u>	
	Testing Method (pirot, back pr.)	Tubing Presswe (Shnt-in)	Cosing Pressure (Shot-in)	Choke Sixe		
	CERTIFICATE OF COMPLIANC	TE	DIL CONSERVAT	ION DIVISION		
	hereby certify that the rules and regulations of the Oll Conservation		APPROVED JUN 2 8 1983			
	I hereby certify that the rules and r Division have been complied with above is true and complete to the	and that the information given	Original Signed By BY			
4	Lendell N. Hawkins (Signa					
-	Field Super (Tit					
april 11, 1983 (Vale)			Fill out only Sections 1, 11, 111, and VI for changes of owner well name or number, or transporter, or other such change of condition formate burns C-104 must be filed for each pool in multiple			